

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 1001
City St. Louis (No. 3427) Washington

25228

File No.
Registered No. 6649
St. Ward

2. FULL NAME

John R. Hewin
(a) Residence, No. 60284 Bartmen Av. St. 5 Ward. Freeport, Texas
(Usual place of abode)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 7 1/2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 23 1887</u>		
7. AGE	YEARS <u>45</u>	MONTHS <u>8</u>
	DAYS <u>7</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Fisherman</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas</u>
	13. NAME <u>Robert Hewin</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>South Carolina</u>
	15. MAIDEN NAME <u>Ida Lumpkin</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas</u>
	17. INFORMANT (ADDRESS) <u>Mrs. J. I. Sanson</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mart Texas</u> DATE <u>July 31, 1933</u>	
19. UNDERTAKER (ADDRESS) <u>3152 Lafayette Av.</u>	
20. FILED <u>Aug 1, 1933</u> <u>J. H. Bredeck</u> Registrar.	

7 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/30, 1933
22. I HEREBY CERTIFY, That I attended deceased from 7/17, 1933, to 7/30, 1933
I last saw him alive on 7/30, 1933. Death is said to have occurred on the date stated above, at 5:45 p. m.
The principal cause of death and related causes of importance were as follows:

Lung abscess
Cancer of Tongue
Date of onset 7/27/33

Name of operation Cervical excision Date of 7/22/33
What test confirmed diagnosis? Micro Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. T. Tansing, M. D.
(Address) 3427 Washington

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